

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5272</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Terry J. Klomp</u> P.O. Box, Bldg., Room No., if any Street <u>23950 CLOVER LANE</u> City <u>EXCELSIOR</u> State <u>MN.</u> ZIP Code + 4 <u>55331</u>	4. Name, file number, and address of labor organization. Name <u>IBEW LOCAL 160</u> Labor Organization File Number <u>022522</u> P.O. Box, Building and Room Number, if any <u>2522</u> Street <u>2522 MARSHALL ST. N.E.</u> City <u>MINNEAPOLIS</u> State <u>MN.</u> ZIP Code + 4 <u>55418</u>
5. Position in labor organization. <u>BUSINESS Rep.</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u>Xcel Energy</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>414 NICOLLET MALL</u> City <u>MINNEAPOLIS,</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55401</u>	7.a. Nature of Interest, Transaction, or Income. <u>11-01-04</u> <u>WORKING ON grievance #6191</u> <u>Received Box LUNCH.</u> 7.b. Amount. <u>\$ 8.00</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Terry Klomp</u>	On <u>8-2-05</u> Date	<u>952-474-5519</u> Telephone Number

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U -

2. Fiscal Year Covered From:

01 / 01 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.

Name Terry J Klompas

P.O. Box, Bldg., Room No., if any

Street 23950 Clover Ln.

City Excelsior

State MN. ZIP Code + 4 55331

4. Name, file number, and address of labor organization.

Name I. B. E. W. Local 160

Labor Organization File Number

P.O. Box, Building and Room Number, if any

Street 2523 Marshall ST. N.E.

City Minneapolis

State MN ZIP Code + 4 55418

5. Position in labor organization. BUSINESS Rep.

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name Xcel Energy

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 414 Nicollet Mall

City mpls.

State MN. ZIP Code + 4 55401

7.a. Nature of Interest, Transaction, or Income.

11-30-04
Explain Retirement From Company
For all Members, Received a
SMALL BOX LUNCH.

7.b. Amount.

\$8.00

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Terry J Klompas

On 8-2-05

Date

952-474-5519

Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street <i>N. A.</i></p> <p>City</p> <p>State ZIP Code + 4</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> <p><i>N. A.</i></p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>N. A.</i></p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11.a. Nature of such dealing.</p> <p><i>N. A.</i></p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount.</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any <i>N. A.</i></p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p> <p><i>N. A.</i></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>

Transactions detailed in this form represent my good faith effort to reconstruct reportable transactions for the period from 1/1/04 to 12/31/04. Complete records of reportable transactions were not kept for that period, and some items may have been unintentionally omitted. If, in the future, it comes to my attention that there are transactions that should have been reported, I will promptly file an amended Form LM-30.

Terry Kompas
8-2-05